

THE WORKHOUSE  
AND ITS  
MEDICAL OFFICER

*SHEEN*

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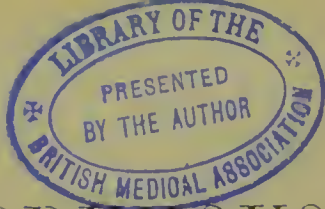


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John D. Sheen

April 1890



# THE WORKHOUSE

AND ITS

## MEDICAL OFFICER.

BY

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SECOND EDITION.

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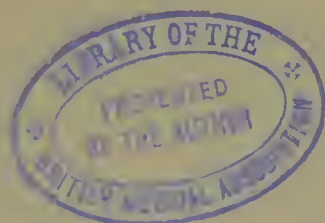
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This Edition has been entirely rewritten. It is hoped that it may be of some service to those of my professional brethren who may be appointed Medical Officers of Provincial Workhouses, and that it may assist them in performing their numerous and very arduous duties with something approaching to efficiency.

ALFRED SHEEN.

23, NEWPORT ROAD, CARDIFF.

*January, 1890.*





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# THE WORKHOUSE AND ITS MEDICAL OFFICER.

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## APPOINTMENT AND TENURE OF OFFICE.

A CANDIDATE for the Medical Officership of a Workhouse must be qualified by law to practise medicine and surgery in England and Wales, and must be registered. When a vacancy occurs a successor is usually advertised for, but the Guardians have the power to appoint without advertising, provided notice be given of such appointment, and entered on the minutes, at one of the two preceding meetings of the Board (Art. 156). The appointment is made subject to the approval of the Local Government Board, which approval is always forthcoming if the necessary conditions are complied with.

Every Medical Officer of a workhouse, duly qualified when appointed, “is to hold his office during his life, or until he resign, or become insane, or legally disqualified to hold it, or be removed by the Local Government Board, (presumably for some dereliction of duty). *Instr. Letter, June 6, 1857.*—This is a most

valuable provision. It does not apply, however, to the appointment of a House Surgeon.

#### SALARY.

The usual mode of remuneration is by salary, and extra fees for midwifery, vaccination, and lunacy certificates. This is an unsatisfactory arrangement. The salary ought to be, and is in some unions, an inclusive one, and *all* medicines and medical appliances should be found by the Guardians. In workhouses where the number of inmates is pretty stable, it should begin at a fixed minimum, and rise to a fixed maximum. Where there is a gradual increase in the number of inmates there should be some recognised method of increase of salary. There should also be *compulsory* superannuation on resignation according to period of service. At present this matter is in a state of chaos. In some few instances the Medical Officer is fairly remunerated, but in many cases the salary is very inadequate, and it is often a difficult matter to get it increased. Here is an illustration and a contrast. Some years ago the Medical Officer of the Barnsley workhouse applied for an increase to his salary, which was refused by the Guardians, the application being considered "inopportune." There were 150 sick, the Medical Officer had to attend daily, and his salary was £70. The *Barber* of the same workhouse was paid £32 a year

for attending twice a week to shave and hair-cut the inmates !

The practice in many workhouses of compelling the Medical Officer to provide some or all of the medicines required for the sick, is an exceedingly unwise one, and is unfair both to the Medical Officer and to the sick. In the first place, it is a temptation to the Medical Officer to be very chary in the use of drugs, especially the more expensive ones, to the possible detriment of his patients; and, secondly, as the number of patients increases, his drug bill increases, and his salary is thereby actually reduced although he has more work to do.

The first year of my practice I had a district. Exclusive of extras my salary was £40, and my drug bill £39. How can the sick poor be properly treated when the salary is so inadequate? \*

#### DUTIES.

In the words of the ancient Poor Law, and of subsequent "Orders," these are:—

1. To attend at the workhouse at the periods fixed by the Guardians, and also when sent for by the Master or Matron.

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\* Although somewhat foreign to the purpose of this little work, I may point out the desirability, in the interests of the sick poor, of a large extension of the Dispensary system in the treatment of the out-door pauper cases, and the provision of drugs by the Guardians for such cases. The Birmingham system is reported to be a good one, and might serve as a model.

2. To attend duly and punctually upon all poor persons in the workhouse requiring medical attendance, and according to his agreement, to supply the requisite medicines to such persons.

3. To examine the state of the paupers on their admission into the workhouse, and to give the requisite directions to the Master.

4. To give directions and make suggestions as to the diet, classification, and treatment of the sick paupers, and paupers of unsound mind; and to report to the Guardians any pauper of unsound mind in the workhouse whom he may deem to be dangerous, or fit to be sent to a Lunatic Asylum.

5. To give all necessary instructions as to the diet or treatment of children, and women suckling children, and to vaccinate such of the children as require vaccination.

6. To keep a book, to be termed "The Workhouse Medical Officer's Report Book" (to be supplied by the Guardians), in which he shall enter in writing, duly and punctually and under the correct dates, every report required by the Orders to be made by him to the Board of Guardians, as to defects in the diet, drainage, ventilation, warmth, and other arrangements of the workhouse; as to any excess in the number of any class of inmates which he may deem to be detrimental to health; as to every defect he may observe in the arrangements of the Infirmary or sick wards, and in

the performance of their duties by the nurses of the sick ; and, further, a report of any other matter which, in the discharge of the duties of his office, he shall consider to require the attention of the Guardians ; and also such recommendations relating to any of the matters aforesaid as he may think it right to submit to the said Guardians.

7. To cause this book to be delivered to the Clerk to the Guardians in sufficient time to allow it to be laid before the Board of Guardians at the ordinary meeting held at or next following the date of the report, and to be produced to the Visiting Committee, and to the Inspectors of the Local Government Board, when they shall require to see it.

8. To enter on a card, to be affixed at or near the head of the bed of every patient upon whom he shall be in attendance, all medical or other extras which he shall deem necessary to be supplied.

9. To report in writing to the Local Government Board the case of every sudden and every accidental death which may occur in the workhouse, within twenty-four hours after he shall receive information of the same, and the cause of the death so far as he is able to explain it.

10. In addition to the reports required to be made from time to time, on or about the first day of January and the first day of July in every year, to report specially upon the several matters set forth, and such

reports shall be entered in, or preserved with, the Medical Report Book. (Form provided.)

11. To make a return to the Guardians, at each ordinary meeting, in the Medical Relief Book, and to insert therein the date of every attendance, in conformity with Article 205, and the other particulars required by such Form to be inserted by the Medical Officer, and to enter in such return the death of every pauper who shall die in the workhouse, together with the apparent cause thereof.

12. To enter, in the commencement of such book, the proper dietary for the sick paupers in the House in so many different scales as he shall deem expedient.

At the time of his appointment it will be his duty to *nominate a substitute*, who will attend during his absence or when otherwise unavoidably engaged elsewhere. It seems only reasonable to expect that the Guardians should remunerate the substitute, but I regret to say that this is very seldom done. In 1883, the Preston Board of Guardians, with the sanction of the Local Government Board, paid a substitute during the absence of a Medical Officer from duty. This may act as a precedent.

The Medical Officer must give *personal* attention to his duties, but there is no valid reason why he should not be assisted in those duties by his assistant or other qualified medical man.

In some workhouses there is great laxity in regard

to the *safe custody of poisons*, and consequent serious and even fatal accidents, are not unheard of. *All poisons should be kept under lock and key*, and only the Medical Officer, Dispenser and Head Nurse should have access to them. It is even better to keep *all* medicines locked up as is done at our workhouse.

#### ATTENDANCE AT THE WORKHOUSE.

This is usually fixed by the Board of Guardians on appointment. In all moderate sized workhouses, the Medical Officer will have to attend daily, Sunday, perhaps, excepted. He must, in addition, attend when sent for by the Master or Matron. The authority thus given to these officers, although very proper, is not unfrequently a source of considerable irritation. I have had personal experience of this. A late Master of our workhouse was in the habit of repeatedly, almost daily, sending for me after my usual visit, and, in nine cases out of ten, quite unnecessarily. Matters eventually reached a climax. I was sent for, but did not attend, and the patient died without my seeing him. The outcome of a subsequent enquiry was to the effect that the Master should, in all such cases, before sending for me, consult the Head Nurse as to the necessity for doing so; and this arrangement proved satisfactory.

#### ATTENDANCE ON THE SICK.

In most workhouses nowadays, with any pretensions to completeness, there are either wards devoted to the

sick, or a separate Hospital. With a large number of sick inmates, and only one Medical Officer to attend to them, it is absolutely necessary that some routine system should be adopted. Every case on the Medical Relief Book should be seen at least once a week. In a workhouse with 200 to 300 sick and infirm on the medical relief book, it is a good plan to divide them up into batches, and visit one set one day, another set another day, and so on. The acute cases should be visited daily, or as often as may be necessary. Female venereal cases should be personally examined once a week. A good Head Nurse will always direct the attention of the Medical Officer to such cases as require it out of the ordinary course.

In all workhouses with a considerable number of sick, especially where there is a separate hospital, there should be a *Resident House Surgeon*, in addition to the Medical Officer, such House Surgeon acting *entirely* under the directions of the Medical Officer, who should alone be held responsible to the Board of Guardians. He should hold office for twelve months, and for an additional six months at the option of the Board of Guardians and on the recommendation of the Medical Officer. In some of our largest workhouses there are now several House Surgeons. With the large field for clinical experience which our workhouse hospitals present, there would be no difficulty in securing the services, at moderate salaries, of

promising young men in the profession, who would be only too glad of such an opportunity of extending their knowledge of disease previous to entering practice on their own account.

I think the plan of having a workhouse infirmary entirely officered by Resident Officers is not a good one. The work of the Senior Resident must in time become excessively monotonous, and it is better in every way that there should be one or more House Surgeons, and a *Visiting* Medical Officer or Medical Staff.

#### THE RECEIVING WARDS.

All paupers, on their admission to the workhouse, are placed in the male or female receiving ward, and they remain there until the visit of the Medical Officer, who then examines them and gives directions to the Master as to what part of the House they shall be placed in. This is undoubtedly one of the most important of the Medical Officer's duties. It is desirable that his directions should be given *in writing*, because there can then be no dispute as to what his directions are. With this object in view, I, many years ago, adopted what I call the "Receiving Ward Book": it is not one of the books ordered by authority to be kept, but I would strongly advise all Medical Officers to have one. In the column for "Medical Officer's Directions" I use the words Hospital, House, Remain, Itch Wards, etc., as may be required. The

advantages of having such a book are obvious. If properly kept, it gives a great deal of information which may be useful in various ways, and it is a record made at the time of the admission of each inmate which is of value for future reference. A form is given in the Appendix.

All children should, prior to their admission to the Nursery or the body of the House, be transferred from the receiving wards to *Probationary Wards* for a period of twenty-one days, in order to guard against the possibility of introducing acute infectious diseases into the House. I have had frequent experience of the value of such an arrangement. My limit, until recently, was fourteen days, but the following unusual occurrence led me to alter it to twenty-one days. A child, on admission, was placed in the probationary ward; after fifteen days I carefully examined it before sending it to the schools some distance away, and found nothing the matter with it. Within two days of its admission to the schools, it had an attack of measles or German measles, which spread to several of the other children.

I may mention another incident of recent occurrence which may serve a useful purpose. The rule of sending children to a probationary ward has not been carried out in our workhouse in the cases of mothers admitted with children at the breast. Such a mother and child were transferred in the ordinary way to the body of the

House; the child, as it turned out afterwards, was admitted in the incubation stage of measles, and, as a consequence, we had an outbreak of measles in the House. It is difficult to see how such an accident can be prevented unless we have other probationary wards for mothers with babies.

Glen, in his Poor Law Orders, says that the law does not admit of the Medical Officer, or of the Guardians, resorting to compulsion to examine into the state of a sick pauper, when such pauper (being of sound mind) refuses to permit of an examination of his or her person being made. This difficulty is easily got over. Every pauper on admission has a bath (unless otherwise directed by the Medical Officer), and an attendant should then see whether there is anything requiring the Medical Officer's attention. It is really an important matter that a pauper, especially a sick pauper, should have his person examined. If, for some reason, this is not done before his admission to the sick wards, it should be done subsequently. I will give a case in illustration. A man was admitted to our hospital suffering from some complaint, but he concealed the fact that he had also a large varicose ulcer on his leg; on getting out of bed one morning, this ulcer bled to such an extent as to kill him before effectual aid could be summoned.

All children in the receiving wards should be stripped and examined.

## NURSING.

In all workhouses of any size there are a large number of sick, and these patients should always be tended by nurses who have had some training. Pauper nurses are altogether a snare and delusion, and should never be employed except as helps to a responsible nurse. This matter of nursing is in a very different position now to what it was twenty years ago, thanks to the *Lancet* Commission of Enquiry in the first instance, and to the subsequent gradual education of public opinion and of Poor Law Guardians. There are possibly some workhouses which still go on in the old groove—may their number yearly decrease. The Medical Officer has much power in improving any defects in nursing, and if he will use his power with tact and discretion, nothing but good can follow. It is a part of his duty to report “every defect he may observe in the arrangements of the infirmary or sick wards,” and if he does this judiciously, he will have little difficulty in gradually bringing about salutary improvements in the nursing arrangements. He may rely on the Local Government Board Inspector to back him up—as a rule. In 1877 we had only one paid Nurse for upwards of 150 sick. Now, we have one Superintendent Trained Nurse, with five female, and one male, Under-Nurses, for 300 sick and infirm, and the nursing is carried out very satisfactorily. The female under-nurses take the *night nursing* in turn for a period of six weeks each.

It is most important that the nurses, so far as their *work* is concerned, should be entirely under the direction of the Medical Officer, and the Superintendent Nurse. It is equally important that there should be *one* Head Nurse and so many Under-Nurses, the latter to have no specially defined duties, but to obey the orders of the Medical Officer and Head Nurse implicitly. The Superintendent Nurse should have the entire management of the hospital, with the approval and under the control of the Medical Officer and the Board of Guardians. It is only in this way that the evils of divided authority can be avoided, and the work of the hospital satisfactorily carried on.

Our Superintendent Nurse is a lady, thoroughly trained and efficient, and she holds an Obstetric Certificate. She has entire charge, under me, of the other nurses and of the sick. The under-nurses have been trained and receive £25 a year, except the male nurse, whose wages are £30. They are also provided with uniform, and of course, with board, lodging and washing. Their rations are liberal, consisting of:—Weekly: 1 lb. sugar, 4 ozs. tea and 2 ozs. coffee (or 6 ozs. tea), 12 ozs. butter, 1 lb. flour,  $\frac{3}{4}$  lb. cheese,  $\frac{3}{4}$  lb. bacon. Daily:  $\frac{3}{4}$  lb. meat, 1 lb. potatoes,  $1\frac{1}{2}$  lb. bread,  $\frac{1}{2}$  pint milk. These rations can be changed for other food provided the cost is not exceeded.

In my opinion the salary of an under-nurse should begin at £20 a year, and gradually rise to £25.

With regard to wardsmen and wardswomen we have no difficulty. Competent and willing patients are selected from time to time for these offices, but they are constantly changing, as patients are never detained specially for this work. It is looked upon as a sort of privilege to act in either capacity, and retention of the office is entirely dependent on good behaviour. No stimulants are given for this work. The Medical Officer and Head Nurse should see that these people do not go beyond their proper duties, namely, to act simply as *helpers* to the nurses. They should never be called upon, or allowed, to do any responsible work, such as administering medicines, dressing sores, and so on.

In a well-ordered workhouse hospital with 300 sick and upwards, something might be done in the way of systematic training of Nurses, and of Midwives, and such work might be affiliated to the Nurses' training institution of the town, if there be one.

#### HOUSE DIETARIES.

The ordinary inmates of the House, not sick, are dieted according to tables drawn up for the purpose. These tables vary somewhat in different parts of the country, as the ordinary articles of food consumed by the poor vary. If such tables appear to the Medical Officer to be unsatisfactory in any way, it is in his

power to make such recommendations as he may deem necessary to the Guardians, and if fresh dietary scales are drawn up, they have to be signed by the Chairman of the Board, certified by the Medical Officer as sufficient, and sanctioned by the Local Government Board. In compiling them, economy should be practised to such an extent as is consistent with the provision of a dietary which will be sufficient to keep the pauper in health. The quantity of carbon and nitrogen in the various foods will need to be taken into account, bearing in mind that the standard daily diet of an adult male in ordinary work contains about 300 grains of nitrogen and 4,500 grains of carbon. In the Cardiff workhouse Dietaries, which are given in the Appendix, it will be seen that the amount of these substances is below that here stated, but then the work performed by the inmates, especially the old and infirm, is mainly of a very light character. Our dietaries have been found to answer extremely well.

In our workhouse, those inmates on the "Imbecile List" have aged and infirm diet, which is accounted for on a special line in the Master's Provision Book. This saves the trouble of putting them on a sick diet, and of entering each name separately in the Medical Relief Book. For "extra services," 6 ozs. of bread and 2 ozs. of cheese are allowed daily in addition to the House diet; and women with children at the breast have 1 pint of milk and 1 oz. of sugar daily in

addition to the House diet until the child is six months old.

It is directed that "children under two years old are to be dieted under the direction of the Medical Officer," and this is best done by drawing up a dietary for such children (*vide* Appendix).

"If the Medical Officer at any time shall certify that he deems a temporary change in the diet essential to the health of the paupers in the workhouse, or of any class or classes thereof, the Guardians shall cause a copy of such certificate to be entered on the minutes of their proceedings, and may forthwith order, by a resolution, the said diet to be temporarily changed, according to the recommendations of the Medical Officer, and shall forthwith transmit a copy of such certificate and resolution to the Local Government Board" (Art. 208). I have never found it necessary to do this. Such an instruction might possibly have been serviceable, if acted on, in the days of "Oliver Twist."

One of the most marvellous things in connection with Poor Law Administration is the want of uniformity in diet and cost of supporting the in-door poor. There must ever be great differences between different and widely-separated districts, because the food supplied in workhouses must correspond with that used by the independent poor, and this, we know, varies considerably in character, and by consequence

in cost, in different localities. But take a case like the Metropolis, which, for Poor Law objects, may be regarded as a single union, and the discrepancies are wonderful.

#### SICK DIETARIES.

These have to be drawn up by the Medical Officer in so many different scales as he may think fit, and numbered 2, 3, 4, and so on, No. 1 being the ordinary House Diet. These diets should, as far as possible, be in conformity with those in use in general hospitals. According to the "orders," sugar, butter, milk, and beer should not be inserted in the ordinary numbered dietaries, but should be entered in the appropriate column of the Medical Relief Book as "extras." It is difficult to understand how such an order came into existence, as it is simply impossible to compile dietary tables without including sugar, butter, or milk, and consequently the order has lapsed into disuse.

Our sick dietary tables are given in the Appendix; No. 2 is the ordinary sick diet, No. 3 is *low diet*, and is only used when a patient's appetite is very capricious, and he lives chiefly on extras. No. 4 is *milk or fever diet*; all cases of fever, and all acute cases, are put on this diet, with extra milk or beef tea if required. No. 5 is *medium diet*, and is well suited to children from 9 to 14 years of age, and to many delicate women, extras being added if needed. It is often used as an intervening diet between No. 4 and No. 2.

No. 6 is *varied diet*, the dinner being indicated by simply writing "B. T.," "fish," and so on in the extras column. With several patients on No. 6, the dinners in many cases being different, it will readily be seen that, by a change of dinners, no such patients need have the same dinner every day, and sometimes, by a mutual agreement, they can change dinners with patients on No. 2. No. 7 is a slight improvement on No. 1.

Not all inmates of the hospital or sick wards are put on sick diet. What I would call "undeserving" cases, such as those suffering from gonorrhœa, chancre, scabies, etc., and notorious offenders who make "ulcerated legs" an excuse for lying by for a month or two, and who always discharge themselves before the ulcers are healed, or if the weather is fine, or there is anything going on in the town, are placed on No. 1 or sometimes on No. 7.\*

A printed copy of the sick dietaries should be hung up in each sick ward.

If my experience is worth anything, I would say there is a shocking *waste of food* in workhouses. As a pauper can at any time claim to have his food weighed (Art. 109) the Master, for his own protection, will see that he is supplied with the quantity due to

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\*In the construction of Workhouse Dietaries, reference may be made to a valuable return on an order of the House of Commons, Dated June 17th, 1867. "Papers relating to Workhouse Dietaries, 435."

him. The result of this is that if a pauper does not eat his allowance, part of it is wasted. Take bread for instance: the pauper gets his proper quantity, but, if he cannot eat it, he will take care to pull it about so that it cannot be used for anyone else, and it goes to the pigs. Such waste would not be allowed for one day in a well-ordered private house, then why should it be permitted in a rate-supported workhouse? There ought to be some way of remedying this.

In the sick wards it need not be difficult to prevent this waste, especially where there is a hospital with a proper staff of paid nurses. The waste is chiefly in bread and potatoes. These might be supplied in bulk to each ward, according to the requisitions, and served out to the patients just as they would be in a private house, no patient being permitted to have more than his allowance, unless there be some to spare. Any left after the meal would then be intact and could be accounted for and subsequently used for making bread pudding, potato hash, etc.

*Good Cooking* is of the utmost importance, and is all the more necessary because the food is limited in quantity and sometimes not of the best quality. If the food is not properly cooked its nutritive value is much lessened, and the food is thus to some extent practically wasted. The "cook should be a skilled person, and, if possible, trained in an Institution similar to the cheap dining halls of Glasgow and

London, where plain food is well and economically cooked in large quantities at a time." (Dr. Edward Smith, 1866.) The utensils used by the sick should consist of pottery plates, basins and cups.

#### STIMULANTS.

No stimulants can be ordered by the Medical Officer for inmates who are not sick, and none can be ordered by the guardians for extra work unless sanctioned by the Medical Officer. I would advise Medical Officers to be very chary of giving such sanction. The ordering of stimulants for the sick needs great care and constant supervision. They should be used as adjuncts to the medicinal and dietetic treatment of disease, and prescribed with the same care as medicines. With the exception of beer, they should be given to patients by the nurses in measured doses, and diluted. It is within my experience that, when given to patients in bulk, the different allowances have been put together and sold or otherwise disposed of, and someone has had a "big drink."

Twenty years ago the attention of the legislature was called to the excessive consumption of stimulants in workhouses, and since that time a gradual and desirable improvement has come about, and the consumption has been very materially lessened.

What is the Medical Officer's duty in regard to the use of stimulants in workhouses? Well, in the first

place let him refrain from ordering them for any inmates but those who are on the sick list ; secondly, let him deal with his patients as they would be dealt with in any ordinary hospital, at the same time exercising a very strict supervision on the consumption. He cannot then go far wrong. It may be some satisfaction to him to know that he has full authority in the ordering of stimulants for his patients. "The Medical Officer, and the Medical Officer alone, is the judge of what medicines his patients should have. He is responsible for the treatment, and any outside interference from non-professional quarters is as unjustifiable as it is mischievous." (Dr. Norman Kerr; *British Medical Journal*, vol. ii, 1882, p. 336.)

If the Medical Officer, without bias, believes that *all* sick cases can be treated without stimulants, he has a free hand—let him have a teetotal workhouse. On the other hand, if he believes that stimulants are necessary in certain cases, he may fearlessly prescribe them. Temperance agitation has undoubtedly done much good in restraining the indiscriminate use of stimulants in workhouses, but it is to be feared that, in not a few instances, easy-going Medical Officers have allowed themselves to be influenced in a wrong direction.

In my opinion it would be utopian to expect that the use of stimulants, any more than the use of medicines, can be entirely abolished in the treatment of

the sick in workhouses. Cases of sickness occur where it would be a gross dereliction of professional duty, if not an act of culpable negligence, on the part of the physician, to withhold stimulants. Attempts have been made to prove that the sick in workhouses can be treated without stimulants, with greater benefit to the sick, and with a reduced death rate. Statistics are useless in such an enquiry. A somewhat extended experience leads me to say most emphatically, that where no stimulants are prescribed, very great hardship, if nothing worse, is sometimes entailed on the sick; and further, I am quite satisfied that the judicious use of stimulants *has helped to tide over difficulties which could not otherwise be met, and has saved not a few lives.*

The cost of stimulants in our workhouse for 1888-89 was only about £60 for 2,123 patients, or about 6½d. per head per annum. Only about 76 gallons of beer was consumed in the sick wards, being an average of three patients a week on ½ pint each daily. In some London workhouses in 1879, the cost was as much as from 20/- to 30/- per head.

I believe it to be not improbable, where Medical Officers have to provide medicines, that greater reliance is placed on stimulants than is the case where medicines are provided by the Guardians. If this is so, it is an additional reason why the latter course should be the rule instead of the exception.

In the House, beer forms no part of the fixed dietary of inmates over 60 years of age. It has been contended by many that it should, but I do not think *age* is a right guide in this matter. In my experience, most inmates of this class are better without it, and many do not deserve it. The Medical Officer can order it for such as may, in his opinion, require it; but if this is done in any case, the inmate should be transferred to the sick wards.

#### LUNATICS.

*The Examination and Certifying of Lunatics* for removal to an asylum is an important part of the Medical Officer's duty. Only one certificate is required in the case of a pauper lunatic. The form of certificate should be carefully studied, and the directions for filling it up be strictly adhered to, or unpleasant consequences may ensue. When removal of a lunatic from the workhouse to an asylum is contemplated, the proper course is for a Magistrate or a Clergyman, *and* the Surgeon to see the lunatic together, and if the justice or clergyman is, from his own observation and in consultation with the Medical Officer, assured of his or her insanity and the necessity for removal, he will then sign the order. In actual practice it is not unusual for the certificate to be filled up by the Medical Officer at his ordinary, or at a special visit, and for a Magistrate subsequently to see the lunatic and the

certificate. This plan often saves much time and trouble.

Some magistrates are not easily satisfied as to the insanity; others, again, owing to recent actions for alleged illegal removal, will not sign the order unless the Medical Officer states positively in his certificate that the lunatic is "dangerous to himself or others." This of course is unreasonable, as many lunatics who ought to be removed to an asylum are *not* dangerous to themselves or others. It should always be borne in mind that one of the main objects of removal is the care and treatment of the patient, with a view to recovery if possible, in a special Hospital adapted for that purpose. It is a grievous pity that the words 'lunatic' and 'asylum' ever came into use: they frequently deter friends from placing such patients under proper care and treatment, and thus recovery is less frequent than it otherwise might be. A lunatic is a sick person, and an asylum is a hospital for his treatment: it is only the nature of the symptoms which render special arrangements necessary. When will people generally be *sane* enough to view the matter in this light, and to act accordingly?

When *two* medical certificates are signed,—one by the Medical Officer and another by an independent medical man—the Justice *cannot refuse* to give an order for removal. In my experience it has never been necessary to resort to such a proceeding; as when a

magistrate refuses in the first instance, to sign, the alleged lunatic can be kept under observation in the workhouse for a period of fourteen days on the Justice's order, and within that time some fresh evidence of insanity usually crops up which is sufficient to convince him. A certificate when signed holds good for seven days.

As a guide to the correct use of terms in filling up certificates, the following definitions should be borne in mind:—

*Illusion*: a real impression produced on the sensorium through one or other of the senses; but appearing in consciousness different from the actual fact; *e.g.*, a tolling bell is heard, but is called a sound of human voices.

*Hallucination*: a new creation, where no impression is produced on the senses; *e.g.*, hearing voices when there is no sound.

*Delusion*: pertains to the mind and not the senses; *e.g.*, a man calls himself God, or says he is 1000 years old (*Medical Annual*, 1885).

*Admission to and Detention of Lunatics in Workhouses*:—Lunatics, imbeciles and idiots are admitted from time to time in the usual way by an order of the Relieving Officer. Under the "Lunacy Acts Amendment Act, (August) 1885," "in the case of any pauper who is, or is deemed to be a lunatic not under proper care and control, or is cruelly treated or neglected by

any relative or other person having the care or charge of him," any relieving officer, overseer, or constable, "if he is satisfied that it is for the public safety, or the well-fare of the alleged lunatic," can have him removed to the workhouse and detained on a three days' order; but before the expiration of this time he must bring a Justice to see him, when the lunatic can be dealt with in the way previously spoken of. If the Justice is in doubt as to its being a case for removal to an asylum, he can give an order for further detention for fourteen days, beyond which time the person can only be detained in the workhouse on the certificate of the Medical Officer that he or she is insane, epileptic, imbecile or an idiot, and that it is a proper case to detain in the workhouse, and that the accommodation therein is sufficient for him. No *dangerous* lunatic, insane person, or idiot can, under any circumstances, be detained in the workhouse beyond fourteen days.

Three certificates have to be given by the Medical Officer for each lunatic in a workhouse. One is the certificate for detention (25 and 26 Vict., c. iii, s. 20). Another is a certificate to the fact that the lunatic is not in a fit state to leave the workhouse without danger to himself or others, and this has to be laid before the Board of Guardians at its next meeting, when the presiding chairman signs an order for the master to detain the said lunatic until the Medical Officer shall certify that he may be discharged (30 and 31 Vict., c.

106, s. 22.) It is also the duty of the Medical Officer to “carefully examine the persons of all pauper lunatics upon their admission into the workhouse and upon their departure from it.” A careful record of this examination has proved a most valuable protection to workhouse officials unjustly accused of ill-treating lunatics. Negative results should be recorded as well as positive. A form in one book embodying all these requirements is now published.

*Quarterly Return of Lunatics in Workhouses.*—The Medical Officer has also to make a quarterly return of all lunatic paupers, in the form prescribed, *within seven days* of the end of each quarter (16 and 17 Vict., c. 97, s. 66; and 25 and 26 Vict., c. iii, s. 21). No fee is payable for this return. In making it out the following points should be attended to:—

The several quarters of the year are to be taken as ending on March 31st, June 30th, September 30th, and December 31st.

*Heading of the Return.* The *official* name of the Union, and name “Workhouse” should be given in the heading and other parts of the return.

*1st Column.*—The Christian names (in full) as well as surnames should be supplied.

*4th Column.*—The “form of mental disorder” should be stated in accurate and recognised terms, such as Mania, Melancholia, Dementia, etc.

*5th Column.*—The duration of the *present* attack

of insanity is to be mentioned (if known). The words "whether or not from birth" refer to Idiocy only.

*8th Column.*—Both day and month should be given for date of visit.

*9th Column.*—The "condition" referred to is the *general* condition, and should be distinctly stated. The word "satisfactory," if applicable, may be used. But if there are any unsatisfactory circumstances in the case, mental, bodily or otherwise, these should be stated.

The words "if ever restrained" have reference to modes of coercion, mechanical or manual, resorted to during the quarter for which the return is made only. The reasons for, mode of, and frequency of application are to be stated. (From Instructions issued by the Commissioners in Lunacy.)

It is a good plan to keep a separate register of these cases, from which the returns can easily be made up. The Medical Officer should personally see each case at the end of each quarter.

The so-called lunatics detained in workhouses are mainly chronic harmless cases of dementia, imbecility, idiocy, epilepsy and dipsomania. There is a doubt in the minds of some authorities as to whether the latter can be legally detained. I have lately acted on the assumption that they can, and have kept such persons in the workhouse for a period of a year or more, with undoubted benefit to themselves. Such persons are

insane, and it is not right that they should be intermittent burthens to the rates : further, from a humanitarian point of view, it is desirable that such an effort should be made to cure them.

In all workhouses there are a number of chronic lunatics, imbeciles, idiots and epileptics, and the number increases with the size of the workhouse. In very many instances these cases are distributed over the body of the House ; this is an undesirable arrangement in the larger workhouses, where separate wards, *with paid nurses attached thereto*, ought to be provided. If this plan were more generally prevalent, in addition to its facilitating the comfort and well-being of the patients, and the general orderliness of the House, it would permit of some cases being retained which are now inevitably drafted off to the asylum. These people are more easily managed when separated from the able-bodied inmates, who often irritate and annoy them. The fact, moreover, should never be lost sight of, that asylums are places for the treatment and cure of the insane, and that these institutions ought not to be burthened with the care of harmless, incurable cases.

If it should become necessary that a lunatic detained in a workhouse should be removed to an asylum, or in the case of any other inmate becoming insane and requiring such removal, the Medical Officer must give notice *in writing* to the relieving officer of the parish or district to which the pauper may be chargeable, and

such relieving officer must take the requisite proceedings.

Persons suffering from a severe attack of Delirium Tremens are undoubtedly insane, but in almost all such cases I prefer treatment in the sick wards, or in a special ward, to sending them to the asylum. Cases of delirium tremens must be distinguished from cases of insanity brought on by drink (usually in persons who have had previous attacks of insanity), and this is not always easy.

“Alleged lunatics” are frequently admitted to workhouses. If the Medical Officer is in any doubt he will do well to keep such cases under observation for a period of fourteen days. In all pauper lunacy cases, he must also, with the present unsatisfactory state of the law, bear in mind the possibility of an action at law, and be very careful and exact in all his proceedings, both in regard to his examination of the alleged lunatic and the filling up of the necessary certificate. In one such case I was recently threatened with an action at law by the alleged lunatic if he was sent to the asylum, and after consultation with the magistrate called in, I declined to fill up the certificate, and the man was discharged, his wife being told that if the man misbehaved himself she should summon him in the Police Court. He was insane, but the symptoms were not of such a character as to lead me to risk possible future proceedings in a law court.

During the present year (1889), the Lunacy Acts Amendment Act (52 and 53 Vict., chap. 41) has been passed, and comes into force on May 1, 1890. Secs. 14, 21 and 22 alone affect Medical Officers of workhouses, especially sec. 21, and it is necessary that they should study this section very carefully. Except in the cases mentioned in the Lunacy Act, 1885, under the new Act a lunatic can only be detained in the workhouse for fourteen days on the certificate of the Medical Officer, and he must state that the person is a lunatic, and give the grounds for his opinion, and also say whether the lunatic is to be kept separate from the other inmates or not.

If a lunatic is to be detained in the workhouse, against his will, *beyond the fourteen days*, the Medical Officer's certificate already given, another certificate by a medical man not connected with the workhouse, and an order from a Justice of the peace, will be required. The Relieving Officer may make application to have the order carried out (*i.e.* written and signed), but the Act does not say who else, if any one else, may do so. A fee must be paid to the outside medical man by the Board of Guardians, but no fee is provided for the Medical Officer of the workhouse for all the extra work and responsibility thrown upon him.

Although such extraordinary, and, to my mind, needless precautions are taken to detain a lunatic in a workhouse, no medical certificate seems to be re-

quired if his discharge is at any time asked for, but the Guardians may direct that he be discharged. Subsection 6 is difficult to understand. I read it thus :— In the case of any lunatic being in a workhouse (whether under this Act or any other Lunacy Act, or if he be an inmate becoming lunatic), *who is a proper person to be sent to an asylum*, the Medical Officer of the workhouse shall give notice in writing, etc. A penalty of £10 a day may be enforced if the Medical Officer fail to carry out this order, but the Relieving Officer is only liable to a penalty of £10 for each offence.

Lastly, although *two* medical certificates will be required to detain a lunatic in a workhouse beyond fourteen days, only *one* will be needed when he is to be sent to an asylum.

I must confess I fail to understand the necessity for much of this complicated section. (Sec. 14, 21 and 22 of this new Act are given in the Appendix, as also the Lunacy Act, 1885.)\*

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\* By Sec. 12 of this new Act, which came into force immediately after the passing of the Act, a Medical Man "shall not be liable to any civil or criminal proceedings if he has acted in good faith and with reasonable care," and if proceedings be taken against him, "such proceedings may, upon summary application to the High Court of Justice, or a Judge thereof, be stayed . . . if the Court or Judge is satisfied that there is no reasonable ground for alleging want of good faith or reasonable care." This provision, which was secured by the action of the Parliamentary Bills Committee of the British Medical Association, was thought to be a very valuable one in the interests of the profession, but although it will doubtless act as a deterrent to prosecutions in many cases, the recent action of *Toogood v. Wilkes* shows that our position is not such a happy one

## VACCINATION.

It is the duty of the Medical Officer to vaccinate all unvaccinated children in the House. With regard to those born in the House, it is desirable that they should be vaccinated before leaving the lying-in ward, and this can be safely done. The opinion was expressed in 1881, by the then President of the Local Government Board, that vaccination could not be enforced if the mother objected. I have never found them to object. Unless the Medical Officer goes out of his way to invite objection, they take it as a matter of course that the vaccination must be performed. So long ago as 1848 it was suggested that children born in the workhouse should be vaccinated about the sixth day after birth, subject of course to the opinion of the Medical Officer.

A fee (usually 1/6) is paid for each successful case, provided a contract has been duly entered into.

## OPERATIONS.

It is the duty of the Medical Officer to perform such operations as may become necessary, for which, however, no extra remuneration is provided. The Local Government Board recommend that such

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as we were led to expect. In this action, the first which has arisen under the 12th Section of the new Act, "the Judge interpreted the Act as throwing upon the defendant the onus of satisfying him that there was not reasonable ground for alleging want of good faith and reasonable care; and the defendant had to pay his own costs." (Glorious are the uncertainties of law! (*vide* BRITISH MEDICAL JOURNAL, vol. 2, 1889, pp. 1300 and 1370.)

cases should be sent to the local infirmary, if there is one, because there all the necessary nursing and appliances are more likely to be available. In workhouses with an efficient nursing staff, and adequate assistance such as would be provided by one or more House Surgeons, there is no reason why any operation should not be performed, and there are many examples throughout the country of the valuable services rendered by Medical Officers in this direction.

#### POST MORTEM EXAMINATIONS.

In the case of the death of an inmate, the Medical Officer is required only to state in the Medical Relief Book the *apparent* cause of death, and, according to Glen, in no case do the Commissioners desire a *post mortem* examination to take place solely for the purpose of satisfying this rule. In 1875 the Local Government Board stated that "as a general rule *post mortems* ought only to take place in workhouses for the purpose of discovering the cause of death when it cannot otherwise be ascertained." My own practice is to make a *post mortem* in cases where I think it necessary to do so, but never without the consent of friends or relatives where such exist. This is the usual practice in general hospitals, and should apply in all workhouse hospitals.

## DETENTION OF VENEREAL CASES.

Any inmate suffering from a bodily disease of an infectious or contagious nature, may be detained on the certificate of the Medical Officer to the effect that such person is not in a proper state to leave the workhouse without danger to himself or others, and the guardians may direct the Master to detain such persons, and they shall not be discharged from the workhouse until the Medical Officer shall certify in writing that such discharge may safely take place (30 and 31 Vict., cap. 106, sec. 22). From the common sense point of view it seems obvious enough that this enactment gives power to Boards of Guardians to retain cases of venereal disease till cured. In 1887 the Guardians of the Medway Union asked the Local Government Board for their opinion, and they replied "that they were not prepared to advise the Guardians to detain persons suffering from venereal diseases." Truly a safe reply, with no meaning in it! Of course, as one of their humble servants, I have every respect for the "Board above," but my advice to persons about to apply to the Local Government Board for direction and instruction (in most cases) is the same as Punch's to those about to marry—"don't."

## MANAGEMENT OF THE LYING-IN WARD.

The Head Nurse conducts all ordinary labour cases in our workhouse, and I am only called in in special cases of difficulty. This is as it should be.

There is a separate labour room at one end of the ward, containing two beds. After the woman is put to bed in this room an enema is given to empty the lower bowel, and when the labour is completed, the vagina is syringed, and pressure over the uterus by the hand is kept up for fifteen to twenty minutes before the binder is applied, and in two hours the patient is removed to the ward. The child's eyes are washed with Condyl's fluid and water immediately after birth. A similar lotion is subsequently used twice a day as a vaginal injection for the mother. Great cleanliness is enforced, but no other special antiseptic precautions are carried out. With between 900 and 1000 cases during the past eighteen years, we have had only three deaths, one from septicæmia after injection of perchloride of iron into the uterus for hæmorrhage, another from hæmorrhage, and a third from puerperal convulsions, the last two having occurred within the past few years.

The mothers are put on No. 2 diet on the third day after confinement, and are detained in the lying-in ward for one month unless they wish to leave earlier. All the children should be vaccinated before they leave this ward, if in the opinion of the Medical Officer they are in a fit condition.

#### ITCH CASES

Should be dealt with in separate rooms adjoining

the receiving wards. After a thorough washing with soap and hot water each patient should have his whole body, except head and face, painted with sulphide of calceum lotion once or twice in the twenty-four hours. His clothes should, meanwhile, pass through the disinfecting apparatus. This is a much more cleanly and expeditious method of treatment than that with sulphur ointment.

#### MEDICAL RELIEF BOOK.

In this book have to be entered the names and ages of all sick paupers, with date of admission to and discharge from the sick wards, disease, dates of visits, diets and extras ordered, and state, on termination of each case, with, in the event of death, the apparent cause thereof. The same particulars, with the exception of admission to and discharge from the sick wards, have to be entered in the case of all other inmates on sick diet or extras.

The plan adopted in our workhouse in keeping this book is, for the Master's clerk to write up each week the names, ages, diseases, and dates of admission, and I enter all other particulars—diets, extras, and so on, writing in, at the end, the fresh cases which come in during the week. The names are entered alphabetically and arranged according to their wards. The Medical Officer has to initial each separate name, and record every time he sees a patient. These two

duties are useless relics of the ancient Poor Law, doubtless very harmless when workhouses were simply what the name implies, and not what they are now in most instances—workhouses and infirmaries. The law remains unaltered in this direction, and the Medical Officer must obey the law, or the Auditor will report him to the Local Government Board and the Local Government Board will send him a short letter on a sheet of foolscap, asking him what he means by it! And it has always been a mystery to me why the Medical Officer should have to initial every name on his side of the book whilst the Master does nothing of the kind on the opposite side. What is the object of it? Is it to ensure the correctness of each entry? If so, what a farce it is, when this is ensured by other and better methods. Is it to ensure that the Master's side of the book is properly kept? If so, it is an utter failure. The Master's side is simply written up from the Medical Officer's side, and it does not at all follow that all the diets and extras ordered have been given. Much depends on the honesty of the Master, and the Auditor can only certify that his side of the book agrees with the opposite side. I will give an illustration. Some years ago we had a Master who was anything but honest. So many half-pints of beer was the daily allowance of the sick: on one day in the week none was served out, but at the end of the week the total quantity was written in by the Master on his

side of the Medical Relief Book, and I had subsequently to insist on its correction.

As to the other duty, the ticking off of attendances I fail to see what useful purpose it can serve, more especially when it is held, that such register of attendances is not receivable in evidence for the party making it. (Glen's Poor Law Orders, 1887, p. 203.)

The keeping of the Medical Relief Book is an exceedingly irksome duty to the Medical Officer of a large workhouse with some hundreds of sick paupers on the book, and he ought to be entirely relieved of this duty. If the diet cards are properly kept there is no reason why this could not be done. This and some other provisions, show a disposition in the framers of the original Poor Law to mistrust Medical Officers unless some checks were placed upon them. It is obvious that, under any conceivable circumstances, these checks must be utterly useless, and the sooner they are done away with the better. Whatever may have been the case fifty years ago, the Medical Officers of workhouses nowadays are usually men of some position and attainments, and ought to be *trusted* to do their duty without being subjected to unnecessary clerical work.

I should like to say, once for all, that the Medical Officer of a workhouse, especially if the workhouse be of any size, *ought to be placed in such a position that he can give his whole and undivided attention to the care of the sick.* With this object in view, he should be relieved of

unnecessary clerical work and of dispensing. Until this is done these institutions will never be managed as they should be.

The Sick Dietary has to be entered in the commencement of the Medical Relief Book; this is best done by pasting in a printed copy and signing it.

#### PREScription AND DIET CARD.

On the admission of a patient to the sick wards or hospital, the first thing to be done is to make out his prescription and diet card (*vide* Appendix). The necessary particulars of name, age, etc., may be filled in by a nurse. The form which I use is printed on paper and inserted in a flat tin, made for it to fit into, which is hung at the head of the patient's bed. The right hand side, with the addition of perpendicular columns, or of a temperature chart, might be used for recording the temperature, pulse, etc., in any given case.

This card should be the starting point of all the Medical Officer's clerical work. It enables him, when he goes his rounds, to prescribe, *by the bedside and in writing*, what he considers necessary for the patient, and the necessary particulars of any number of patients can then be readily transferred from these cards to the Medical Relief Book. A tick is used as a check in all work connected with this card. Thus, when the case is entered in the Medical Relief Book, the diet is ticked :

so also, with any alteration of diet, or ordering or discontinuing of extras, or discharge of a patient, a tick in each case shows that these alterations have been entered in the Relief Book. When entered in the Register, the register number is put in at the left-hand top corner, and a tick through the number shows that the patient has been discharged from that book. The absence of this number, or tick, will in all cases act as a reminder. If these directions are attended to, the Medical Officer is saved very much subsequent work, and errors are in a great measure avoided.

#### THE REGISTER.

Although no part of a Medical Officer's *duty*, it will be well for him to keep a continuous register of all cases admitted to the sick wards, as is done in all ordinary hospitals. It is the only record of sick cases which is handy for reference, and I have found it very useful in many ways, such as drawing up an annual report, extracting cases of zymotic disease, making a return to the Medical Officer of Health, and so on. (For form *vide* Appendix.)

The keeping of such a register, which is really a useful and valuable record, ought to be made compulsory in all workhouse hospitals. The entries in it, which are merely duplicates of the information given on the Diet cards, should be written up by the Master's clerk. I would suggest that all cases of

zymotic disease should be entered in red ink, and when any death occurs the record should be in blue ink. A separate *Obstetric register* should be kept in addition to the ordinary register.

#### WEEKLY REPORT BOOK.

In this I make a return of sick cases admitted and discharged, and this is read at each meeting of the Board of Guardians.

#### MEDICAL OFFICER'S HOUSE BOOK.

All inmates of the House proper who wish to "see the doctor" should have their names entered in this book, so that there may be a record of the work done, and people seen, for future reference, or in case of any dispute. This may be called the "out-patient department" of the workhouse. Each of these inmates should present a card on which the required prescription or other direction of the Medical Officer may be written. This book may also be used for the Master to ask questions, and the Medical Officer to answer them, *in writing*. The names of tramps wishing to see the Medical Officer should be entered in it, in order that he may give the necessary directions in writing. I usually see these house cases, except in an emergency, once or twice a week. (For form *vide* Appendix.)

## ANNUAL REPORT.

This may be presented to the Guardians at the end of the official year. In it the Medical Officer can sum up the work of the year and make such general comments and suggestions as may seem to him desirable. It would be well if such reports were more general than they are: if well drawn up, they would certainly add to the prestige of the Medical Officer and might serve many useful purposes.

## PHARMACOPEIA.

With the view of facilitating the work of the Medical Officer, it is desirable to have a simple and economical pharmacopœia. The one I use is given in the Appendix. Almost all the mixtures are made up to half-a-pint, and half-pint bottles are used in dispensing, the adult dose being one tablespoonful in water, unless otherwise directed. Many of the mixtures may be made up in a concentrated form and kept ready for dispensing. A dispenser is provided at our workhouse, but in many such institutions, even of large size, the prescriptions have still to be made up by the Medical Officer, which is an improper burthen upon his time.

With such a simple pharmacopœia as I have given, an intelligent nurse, with a month's training, might safely be entrusted with the dispensing of the com-

moner prescriptions, and this practice I carried out before the appointment of a dispenser.

#### RELATIONS OF MASTER AND MEDICAL OFFICER.

*Divided Authority in Workhouses.*—Blessed is the Medical Officer who has at his workhouse a Master who is straightforward, truthful and loyal, and who is content to do his duty without interfering with the duties of others. I believe there has been much improvement of late years in the stamp of resident officers of workhouses, but it is to be feared that there are still not a few masters in existence who are fair ensamples of Shakespeare's

“Man, proud man!

Dressed in a little brief authority,” etc.

The average master's view of the relative position and duties of Medical Officer and Master is, as a rule, unsatisfactory. If there is a good master things go on pleasantly enough, but if otherwise, the Medical Officer is subject to frequent vexation and anxiety. I have had painful experience of this in years gone by. Each officer has his allotted duties to perform, and if each confined himself within these limits all would go on well. *There must be divided authority in workhouses.* Whilst the Master is the official who is responsible for the *general* management and good order of the House, it should ever be borne in mind that the Medical Officer is the supreme responsible

officer in all matters connected with the sick. The Master and Matron have charge of the *domestic* arrangements of the whole house, but beyond this, if they are wise, they will not interfere in any way where the sick are concerned, without consultation with and deference to the opinions of the Medical Officer. If the Medical Officer should, unfortunately, have officers of the wrong stamp to work with, he may be constantly harassed; *but let him neglect no part of his own work*, nor allow anyone to interfere with him in the performance of that work without protest or remonstrance, and it will be impossible for such officers materially to damage his position. Let him at all times act with tact, discretion and courtesy. He should be careful to give all his instructions *in writing*.

The truest loyalty should exist between Master and Medical Officer, and then miserable squabbles and questions of divided authority will have no existence, and a rightly understood *imperium in imperio* will be the recognised correct state of matters in a workhouse.

Union hospitals have not yet, to my mind, attained a proper position in what should be a perfect system of Poor Law Medical Relief. Why should not such hospitals occupy the same relative position towards paupers that the local infirmary does toward a class immediately above the pauper grade in social position? If this principle were generally recognised

and carried out, we should have Union hospitals built and maintained on the most approved principles, consistent with economy, and all out-door cases of acute disease sent at once into hospital, where they would certainly recover more quickly, or be relieved more permanently than when treated in their own wretched homes with all their miserable surroundings.

In a county town there is a local infirmary supported by voluntary contributions, and a workhouse hospital supported by the rates. By the accident of circumstance, a poor man, suffering from pneumonia, say, is admitted to the one or the other as the case may be. How different often is the treatment he receives! Why should it be so? Thank goodness it is gradually dawning upon the official mind that pneumonia, typhoid, or whatever the disease may be, requires the same careful treatment, nursing, and so on, in a workhouse hospital as is bestowed on it in a general hospital. There is a general levelling up: indeed, in some towns it is a question whether matters are not proceeding too far in this direction.

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## APPENDIX.

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### RULES AND REGULATIONS.

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#### THE HOUSE SURGEON.

He shall :

1.—Be appointed for twelve months and, on the recommendation of the Medical Officer, for a further period of six months.

2.—Possess a registered double qualification in medicine and surgery.

3.—Have furnished apartments and board and washing, and his salary shall be such as the Guardians may from time to time determine.

4.—Keep the Medical Relief Book and the Register, and visit all the wards twice daily, in the morning and the evening.

5.—Confine his duties entirely to the workhouse, and make no engagements which may interfere with such duties.

6.—Not discharge any patient without the consent of the Medical Officer.

7.—Act entirely under the direction of the Medical Officer.

## THE SUPERINTENDENT NURSE.

She shall :—

1.—Have entire charge of the Sick Wards and Nurses, under the direction of the Medical Officer as to all medical requirements, and of the Master and Matron as to all domestic requirements.

2.—Attend the Medical Officer and House Surgeon in their rounds, take their orders, and be responsible for having them faithfully carried out.

3.—See that order and good temper are observed in the wards, endeavour to make the patients cheerful and comfortable, see that more than ordinary attention is bestowed on those patients who are dangerously ill or dying, and report any patient who is disorderly to the Medical Officer or House Surgeon.

4.—Be responsible for the punctuality and good conduct of the under nurses, and assist them by her good example, teaching and experience.

5.—Breakfast at 7.30 a.m., and be on duty at 8, when she shall receive the Night Nurse's Report; and at 8.30 p.m., give the Night Nurse written directions as to patients requiring special attention.

6.—Attend all Labour Cases, and in cases of difficulty or danger send at once for the Medical Officer or House Surgeon.

## TIME-TABLE.

7.30 a.m.	Breakfast.
8 „	See Night Nurse, and give out Linen, Dressing, etc., till 8.30.
9 „	Stores.
9.30 „	Wards.
12 noon	Patients' dinners.
1 p.m.	Dinner.
2 „	Wards, etc.
5 „	Tea.
5.30 „	Wards.
8.30 „	Directions to Night Nurse.
9 „	Off duty.
10 to 11 p.m.	Round wards to see that all is well.

## NURSES.

They shall :—

1. Strictly obey the orders of the Medical Officer, House Surgeon, and Superintendent Nurse; be tender and considerate with patients, and civil to visitors; wear their uniforms when on duty, and keep themselves neat and clean.

2. Serve the patients' meals at the appointed hours, pay special attention to the ventilation of their wards and to the bedding of the patients; punctually administer the medicines prescribed, and expose every bed, on the death or discharge of a patient, to the external air.

3. Be specially attentive to the state and symptoms of the patients, and report the same to the Superin-

tendent Nurse; cleanse every patient immediately after admission, and see that their clothes be kept neat and clean.

4. Suffer no noise or disturbance in the wards, and report all irregularities or improper behaviour to the Superintendent Nurse.

5. When on duty never be absent from their own wards except when rendering assistance as they may be directed.

6. See that there is no waste of food, gas, water, coals, or dressings, and have the gas turned down at — p.m.; moneys, &c., belonging to patients to be handed to the Superintendent Nurse.

7. Not allow smoking in the wards, and see that visitors do not bring prohibited articles to the patients.

8. Keep a bag for soiled linen and a washing book, both to be ready for the laundry every Monday morning at 9 o'clock; each article to be marked with name in full.

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## CARDIFF UNION HOSPITAL.

## NURSE'S TIME TABLE.

*Day Nurses :—*

Rise	Wards	Breakfast	Wards	Dinner	Wards	Tea
Summer, 6 a.m.	6.30	7.30	8	1 p.m.	2.30	4.30
Winter, 6.45 a.m.	7.15	8	8.30			

Wards	Off Duty	Supper	Bed
5 p.m.	8.30	8.30	10.30

Exercise : once a fortnight, 2 to 10 p.m. ; once a week, 6.30 to 10 p.m. ; every evening, 8.30 to 10 p.m.

*Night Nurses :—*

Rise	Breakfast	Wards	Off Duty	Exercise	Dinner	Bed
5 p.m. or 8 p.m.	8 p.m.	8.30 p.m.	8 a.m.	9 to 12 or 5 to 8	8.30 a.m.	9 a.m. or 12

Each Nurse to take night duty by rotation for six weeks.

*Diets.*—One of the Day Nurses to take charge of serving the diets in turn for a week at a time.

No serious case ever to have food or stimulants from anyone but a Nurse.

The Day and Night Nurses to serve breakfasts and attend to special requirements.

*Stimulants*, except beer, are to be given to the patients by the nurses in definite quantities and diluted with water. No patient to have his daily allowance placed by his bed-side.

*Wards* to be in order and dressings finished by 10.30 a.m.

*Visitors.*—Nurses are not allowed to have visitors during the hours they are on duty.

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DIETARY TABLES.—WORKHOUSE. (*Continued.*)

	BREAKFAST			DINNER							SUPPER		
	Bread	Tea	Butter	Cooked Meat	Potatose	Vegetables when in season	Bread	Soup	Broth	Pudding	Trifle	Bread	Ten
	oz.	pt.	oz.	oz.	oz.	oz.	oz.	pt.	pt.	oz.	oz.	oz.	pt.
Grains													
Carbon - 3240	6	1	$\frac{1}{2}$	..	..	..	8	..	1	..	..	6	1
Nitrogen 170	6	1	$\frac{1}{2}$	4	12	4	..	..	..	..	..	6	1
Salts - 184	6	1	$\frac{1}{2}$	..	..	..	4	1 $\frac{1}{2}$	..	..	..	6	1
Cost per week, $\frac{3}{6}$ .	6	1	$\frac{1}{2}$	4	12	4	..	..	..	..	..	6	1
Sunday	6	1	$\frac{1}{2}$	..	..	..	..	..	..	..	..	6	1
Monday	6	1	$\frac{1}{2}$	4	12	4	..	..	..	..	..	6	1
Tuesday	6	1	$\frac{1}{2}$	..	..	..	4	1 $\frac{1}{2}$	..	..	..	6	1
Wednesday	6	1	$\frac{1}{2}$	4	12	4	..	..	..	..	..	6	1
Thursday	6	1	$\frac{1}{2}$	4	12	4	..	..	..	..	..	6	1
Friday ..	6	1	$\frac{1}{2}$	..	..	..	4	..	..	5	1	6	1
Saturday	6	1	$\frac{1}{2}$	4	12	4	..	..	..	..	..	6	1

Women with Children at the Breast to have 1 pint Milk and 1 ounce Sugar daily, in addition to the House Diet, until the Child is 6 months old.



DIETARY TABLES.—WORKHOUSE. (Continued.)

CHILDREN FROM 5 TO 9.	BREAKFAST				DINNER							SUPPER		
	Bread	Milk Porridge	Milk	Butter	Cooked Meat	Potatoes	Rice Milk	Bread	Pudding	Broth	Treacle	Bread	Milk	Butter
Sunday ..	5	3	..	..	3	8	..	5	..	1	..	5	1	1
Monday ..	5	..	1	1	3	8	..	..	..	..	..	5	1	1
Tuesday ..	5	1	..	..	..	..	1	3	..	..	..	5	1	1
Wednesday ..	5	..	1	1	..	8	..	3	8	..	1	5	1	1
Thursday ..	5	3	..	1	3	..	..	..	..	..	1	5	1	1
Friday ..	5	..	1	1	3	8	..	3	..	..	..	5	1	1
Saturday..	5	3	..	..	3	8	..	..	..	..	..	5	1	1

DIETARY TABLES.—WORKHOUSE. (Continued.)

CHILDREN FROM 2 TO 5.	BREAKFAST				DINNER						SUPPER			
	Bread	Milk Porridge	Milk	Butter	Cooked Meat	Potatoes	Bread	Pudding	Rice Milk	Broth	Treacle	Bread	Milk	Butter
Sunday ..	4	1	1	1	2	6	4	2	2	3	..	4	1	1
Monday ..	4	1	1	1	2	6	..	2	2	..	..	4	1	1
Tuesday ..	4	1	1	1	2	..	6	6	1	..	1	4	1	1
Wednesday ..	4	1	1	1	2	6	3	6	..	..	..	4	1	1
Thursday ..	4	1	1	1	2	6	3	6	..	..	1	4	1	1
Friday ..	4	1	1	1	2	6	..	..	..	..	..	4	1	1
Saturday ..	4	1	1	1	2	6	..	..	..	..	..	4	1	1

The Sick, and Infants under 2 years of age, to be dieted under the direction of the Medical Officer.

# DIETARY TABLES.—SCHOOLS. *Adopted 20th January, 1883.*

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## THE WORKHOUSE

CLASS OF INMATES.	DAY OF THE WEEK.	BREAKFAST						DINNER						SUPPER				
		Bread	Milk Porridge	Milk	Butter	Cooked Meat	Potatoes	Other Vegetables	Bread	Pea Soup	Suet Pudding	Treacle	Broth	Bread	Milk Porridge	Butter	Cocoa and Milk	Tea
CHILDREN FROM 4 TO 7.	Sunday	5	3	1	1	3	8	2	3	1	2	2	2	5	3	1	1	1
	Monday	5	3	1	1	3	8	2	3	1	2	2	2	5	3	1	1	1
	Tuesday	5	3	1	1	3	8	2	3	1	2	2	2	5	3	1	1	1
	Wednesday	5	3	1	1	3	8	2	3	1	2	2	2	5	3	1	1	1
	Thursday	5	3	1	1	3	8	2	3	1	2	2	2	5	3	1	1	1
	Friday	5	3	1	1	3	8	2	3	1	2	2	2	5	3	1	1	1
	Saturday	5	3	1	1	3	8	2	3	1	2	2	2	5	3	1	1	1
CHILDREN FROM 7 TO 10.	Sunday	6	1	3	1	3	12	2	4	1	2	2	2	6	1	1	1	1
	Monday	6	1	3	1	3	12	2	4	1	2	2	2	6	1	1	1	1
	Tuesday	6	1	3	1	3	12	2	4	1	2	2	2	6	1	1	1	1
	Wednesday	6	1	3	1	3	12	2	4	1	2	2	2	6	1	1	1	1
	Thursday	6	1	3	1	3	12	2	4	1	2	2	2	6	1	1	1	1
	Friday	6	1	3	1	3	12	2	4	1	2	2	2	6	1	1	1	1
	Saturday	6	1	3	1	3	12	2	4	1	2	2	2	6	1	1	1	1
CHILDREN FROM 10 TO 16.	Sunday	7	1	3	1	4	12	4	5	1	2	2	2	7	1	1	1	1
	Monday	7	1	3	1	4	12	4	5	1	2	2	2	7	1	1	1	1
	Tuesday	7	1	3	1	4	12	4	5	1	2	2	2	7	1	1	1	1
	Wednesday	7	1	3	1	4	12	4	5	1	2	2	2	7	1	1	1	1
	Thursday	7	1	3	1	4	12	4	5	1	2	2	2	7	1	1	1	1
	Friday	7	1	3	1	4	12	4	5	1	2	2	2	7	1	1	1	1
	Saturday	7	1	3	1	4	12	4	5	1	2	2	2	7	1	1	1	1

## FORMS FOR THE PREPARATIONS OF FOOD.

## SCHOOLS.

SOUP.—Raw Meat, 24 ozs. ; Split Peas or Scotch Barley, 16 ozs. ; Oatmeal, 2 ozs. ; Fresh Vegetables, 8 oz. ; Bones ; Meat Liquor to make 8 Pints ; Dried Herbs ; Seasoning.

BROTH.—Meat Liquor, 8 pints ; Fresh Vegetables, 16 ozs. ; Parsley ; Seasoning. *To make 1 Gallon.*

MILK PORRIDGE.—Oatmeal, 12 ozs. ; New Milk, 8 Pints. *To make 1 Gallon.*

SUET PUDDING (Boiled or Baked).—Flour, 9 ozs. ; Suet,  $1\frac{1}{2}$  or  $1\frac{1}{4}$  ozs. ; Skim Milk, when obtainable, 2 ozs. *To make 1 Pound.* To be served with Broth, Gravy, Treacle or Sauce.

TEA.—Tea,  $1\frac{1}{2}$  ozs. ; Sugar, 5 ozs. ; Milk, 1 Pint. *To make 10 Pints.* Milk added after tea is served out, at the rate of 2 ozs. to each pint.

COCOA.—Cocoa, 5 ozs. ; Sugar, 5 ozs. ; Milk, 1 Pint ; Water, *To make 10 Pints.*

## WORKHOUSE.

SOUP.—Raw Meat, 16 ozs. ; Split Peas or Scotch Barley, 24 ozs. ; Flour, 1 oz. ; Bones from which the raw meat of dinner has been removed ; Meat Liquor, *to make 1 Gallon.*

BROTH.—Meat Liquor, thickened with Oatmeal, and seasoned with Leeks, Onions, or other available Vegetables.

GRUEL.—Oatmeal, 16 ozs. ; Treacle, 2 ozs. ; Water. *To make 8 Pints.* Allspice to be used occasionally.

MILK PORRIDGE.—Oatmeal, 16 ozs. ; Milk, 4 Pints ; Sugar, 4 ozs. ; Water, 4 Pints. This may be made for the use of Children with 8 Pints of Milk, and 12 ozs. of Oatmeal.

SUET PUDDING (Boiled or Baked).—Flour, 9 ozs. ; Suet, 2 ozs. *To make 1 Pound.* To be served with Broth, Gravy, Treacle or Sauce.

RICE MILK.—Rice, 16 ozs. ; Sugar, 4 ozs. ; New Milk, 4 Pints. *To make 1 Gallon.*

TEA. Tea,  $1\frac{1}{2}$  ozs. ; Sugar, 5 ozs. ; Milk, 1 Pint. *To make 10 Pints.* Milk added after tea is served out, at the rate of 2 ozs. to each pint.

CARDIFF UNION HOSPITAL.  
SICK DIETARY.

Cost per week	No. 2.—2/9	No. 3.—2/7½	No. 4.—2/2	No. 5.—2/5	No. 6.—*	No. 7.—2/-
BREAKFAST, 8 o'clock	6 oz. Bread ½ oz. Butter 1 Pint Tea	3 oz. Bread ½ Pint Milk		4 oz. Bread ½ oz. Butter ½ Pint Cocoa	Same as No. 2	6 oz. Bread 1 Pint Gruel ½ Pint Milk
DINNER, 12.30 o'clock	6 Days— 4 oz. Cooked Meat 12 oz. Potatoes Tuesday— Men, 1½ Pint Pea Soup 4 oz. Bread Women, 1 Pt. Pea Soup 4 oz. Bread	2 oz. Bread 1 Pt. Beef Tea	DAILY— 8 oz. Bread 2½ Pints Milk	3 oz. Cooked Meat 8 oz. Potatoes	8 oz. Potatoes and 6 oz. Fish, or 8 oz. Potatoes and 4 oz. Chop, or 1 Pt. Beef Tea and 4 oz. Bread, or 2 Eggs, or Rice Pudding, or Custard	Same as House Diet
SUPPER, 6 o'clock	Same as Break- fast	3 oz. Bread 1 Pint Milk Porridge		1 Pint Milk Porridge 4 oz. Bread	Same as No. 2	Same as Break- fast 4 Days— 3 Days— 6 oz. Bread 2 oz. Cheese

\* With Teef Tea Dinner, 3/9; Chop, 2/10; Fish, 3/-; Eggs, 2/8; Pudding, 1/11.

## INGREDIENTS.

BEEF TEA.— $\frac{1}{2}$  lb. Beef, 1 Pint Water.

MILK PORRIDGE, 1 Pint.—1 oz. Oatmeal,  $\frac{1}{2}$  oz. Sugar,  $\frac{1}{2}$  Pint Milk.

RICE MILK, 1 Pint.—2 oz. Rice,  $\frac{1}{2}$  oz. Sugar,  $\frac{1}{2}$  Pint Milk.

TEA.—About 1-10th oz. Tea, 1 Pint Water,  $\frac{1}{2}$  oz. Sugar, 2 oz. Milk.

ARROWROOT, 1 Pint.  $\frac{1}{2}$  oz. Arrowroot, 1 oz. Sugar, 1 Pint Milk.

CUSTARD PUDDING.  $\frac{1}{2}$  Pint Milk.  $\frac{1}{2}$  oz. Sugar, 1 Egg.

RICE PUDDING.—1 oz. Rice,  $\frac{1}{2}$  oz. Sugar,  $\frac{1}{2}$  Pint Milk,  $\frac{1}{2}$  oz. Butter.

BATTER PUDDING.—2 oz. Flour,  $\frac{1}{2}$  oz. Sugar,  $\frac{1}{2}$  Pint Milk,  $\frac{1}{2}$  oz. Suet, 1 Egg.

COCOA, 1 Pint.—1 oz. Cocoa, 1 oz. Sugar, 4 oz. Milk, 16 oz. Water.

## DIRECTIONS.

*Diets Nos. 2 and 7.* DINNERS—Sunday, Roast Beef; Monday and Thursday, Boiled Beef; Tuesday, Pea Soup; Wednesday, Roast Mutton; Friday and Saturday, Boiled Mutton.

*Diet No. 5.* Dinner to consist of Mutton three days a week.

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If any extra having Milk as an ingredient be ordered on No. 4 Diet, the Milk of that Diet is to be used in making it.

ALFRED SIEFEN, M.D., Medical Officer.

Nov. 1<sup>st</sup>, 1884.

## CARDIFF UNION WORKHOUSE.

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 INFANT DIETARY.
 

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*From 6 to 12 Months old.*

DAILY.—4 ozs. Bread, 1 pint Milk.

WEEKLY.—2 ozs. Loaf Sugar.

*From 12 to 18 Months old.*

DAILY.—8 ozs. Bread,  $1\frac{1}{2}$  pint Milk,  $\frac{1}{2}$  pint Broth.

WEEKLY.—2 ozs. Loaf Sugar.

*From 18 Months to 2 Years old.*

BREAKFAST.—4 ozs. Bread,  $\frac{1}{2}$  pint Milk.

DINNER.—(2 days)—2 ozs. Bread, 4 ozs. Suet Pudding,  
1 oz. Treacle.

(2 days)—2 ozs. Bread,  $\frac{1}{4}$  pint Broth,  $\frac{1}{4}$  oz.  
Butter.

(3 days)—2 ozs. Bread,  $\frac{1}{4}$  pint Rice Pudding,  
 $\frac{1}{4}$  oz. Butter.

SUPPER.—4 ozs. Bread,  $\frac{1}{2}$  pint Milk.

*If Weaned or Brought up by Hand.*

From Birth to	{	Milk.	Loaf Sugar.	}	Daily.
9 months.		$2\frac{1}{4}$ pints	$\frac{1}{2}$ oz.		

From 9 to	{	Milk.	Loaf Sugar.	Bread.	}	Daily.
12 months.		$2\frac{1}{4}$ pints.	$\frac{1}{2}$ oz.	6 ozs.		

ALFRED SHEEN, M.D.,

*Medical Officer.*

## CARDIFF UNION HOSPITAL.

## RULES FOR VISITORS.

- 1.—The Friends of Patients may visit them between the hours of Two and Four on Thursdays, on application to the Master.
- 2.—Not more than two Friends shall visit the same Patient on one day.
- 3.—No Friends will be allowed to visit Lock Ward cases except by special permission.
- 4.—No Visitor will be allowed to carry to Patients *Money*, *Provisions* of any kind, *Spirituous* or *Fermented Liquors*, or *Tobacco*; and any Visitor infringing this Rule shall be excluded from the Hospital, and not allowed to visit again under any circumstances.
- 5.—A Bell will be rung at the hour appointed for departure, when all Visitors are to leave the Building.
- 6.—Patients who are seriously ill may be visited at any time by one or two Friends, on application to the Master.

To facilitate the maintenance of proper discipline, Visitors should not be allowed to know prostitutes, whether in the Lock Ward or not.

Ward \_\_\_\_\_

CARDIFF UNION HOSPITAL.

Admitted \_\_\_\_\_ Discharged \_\_\_\_\_ O.R. Result \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Disease \_\_\_\_\_ Ill \_\_\_\_\_  
 Occupation \_\_\_\_\_ C. \_\_\_\_\_ E. W. I. S. F. \_\_\_\_\_ C. R. C. D. \_\_\_\_\_ S. M. W. \_\_\_\_\_  
 Address of Nearest Relative \_\_\_\_\_

[illegible]

Size: 11 inches long  $\times$  7 $\frac{1}{2}$  inches broad.

Explanations of Abbreviations: O.R.—Discharged at own request; if not, the pen is run through these letters. Patients sometimes complain that they have been improperly discharged. Ill.—State how long. C.—How long in Cardiff. E.W.I.S.F., C.R.C.D., S.M.W.—English, Welsh, Irish, Scotch, Foreign; Church, Roman Catholic, Dissenter; Single, Married, Widow. Erise letters not required.

## CARDIFF UNION HOSPITAL.

*Week ending—*

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## WEEKLY SICK REPORT.

Remaining

Admitted since.. ..

DISCHARGED :—Cured ..

Relieved ..

Dead .. ..

Asylum ..

Remaining

No. on the House Book ..

TOTAL ..

DEATHS :

REMARKS.

*Medical Officer.*Size:  $8\frac{3}{4}$  inches long  $\times$   $5\frac{1}{2}$  broad.

## REGISTER.

No	Admitted	Discharged	Result	Name	Age	Disease	How long ill	Former Residence	Nationality	Religion	Married or Single	Remarks
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## HOUSE BOOK.

Date	Name	Age	Application	Medical Officer's Directions	Date
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Size : 8 inches long and 5 inches broad.

## RECEIVING WARD LOOK.

M.O.'s Directions	Date	Name	Age	Occupation	How long in Cardiff	M. W. S.	Ill	Dest.	Desert	Complaint	Times in before	Remarks
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Size : 8 inches long and 5 inches broad.

## ADMINISTRATION OF MEDICINES.

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*Nurses and Patients will understand that when Medicines  
are ordered to be taken*

Twice daily, it shall be at - - - 11 a.m. and 7 p.m.

Three times daily - - 11 a.m.; 3 p.m., and 7 p.m.

Every four hours - 3, 7, and 11 a.m.; 3, 7, and 11 p.m.

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ALL MEDICINES TO BE ADMINISTERED BY A NURSE.

## LUNACY ACTS AMENDMENT ACTS, 1885 &amp; 1889.

[48 & 49 VICT.] *Lunacy Acts Amendment Act, 1885.* [CH. 52.]

**W**HEREAS it is expedient to amend the law relating to lunatics:

Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. This Act may be cited as the Lunacy Acts Amendment Act, 1885.

2. Where, under the Lunatic Asylums Act, 1853, it shall be the duty of any relieving officer, overseer, or constable to give notice to or lay information before a justice as to any pauper who is or is deemed to be a lunatic, or as to any person wandering at large who is deemed to be a lunatic, or as to any other person deemed to be a lunatic who is not under proper care or control, or is cruelly treated or neglected by any relative or other person having the care or charge of him, or to apprehend and take any such person wandering at large before a justice, and the relieving officer, overseer, or constable is satisfied that it is necessary for the public safety, or the welfare of the alleged lunatic, that before such notice or information can be given or laid, or the alleged lunatic can be brought before the justice, the alleged lunatic should be placed under care and control, the relieving officer, overseer, or constable may remove the alleged lunatic to the workhouse of the union in which the alleged lunatic is, and the master of the workhouse shall, unless there is no proper accommodation in the workhouse for the alleged lunatic, receive and relieve and detain him therein, but no person shall be so detained for more than three days; and before the expiration of that time the relieving officer, overseer, or constable shall give the notice to or lay the information before the justice as to such alleged lunatic, or bring him before the justice, as the said Act requires.

3.—(1.) In any case where, under Section 67 or Section 68 of the Lunatic Asylums Act, 1853, an order might be made for the removal of a lunatic to an asylum, hospital, or licensed house, and the justice or justices shall be satisfied that it is expedient for the welfare of the lunatic or for the public safety that the

lunatic should be forthwith placed under care and control, such justice or justices, if it shall appear to him or them that there is proper accommodation for such lunatic in the workhouse of the union in which the lunatic is, may make an order for taking the lunatic to and receiving him in the said workhouse.

(2.) An order under this section shall be deemed to authorise the detention of the lunatic for a period not exceeding fourteen days from its date; after which such detention shall not be lawful, except under the conditions mentioned in Section 20 of the Lunacy Acts Amendment Act, 1862.

(3.) In any case where the justice or justices make an order for the removal of the lunatic to an asylum, hospital, or licensed house, an order under this section may also be made to provide for the detention of the lunatic until he can be removed as aforesaid; but such an order shall not be deemed to authorise the detention of the lunatic in the workhouse for more than fourteen days.

(4.) An order under this section may be made by any justice or justices of the peace having jurisdiction in the place where the lunatic is.

4. This Act shall be construed as one with the Lunatic Asylums Act, 1853, and the Acts amending that Act, and expressions used in this Act shall according to the subject-matter in each case have the same meaning as in those Acts, save as in this Act otherwise provided.

In this Act "union" includes a parish for which there is a separate board of guardians.

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*The Lunacy Acts Amendment Act, 1889.*

[SEC. 14.]

1. Where a reception order has been made, and the execution of the order has been suspended, or the lunatic named in the order has been taken to a workhouse under Section 3 of the Lunacy Act, 1885, he may be received in the asylum, hospital, or house at any time within fourteen days after the date of the reception order without a fresh order or certificates.

2. If the removal of the lunatic has been suspended by reason of a medical certificate that the lunatic is not in a fit state for removal, the lunatic may be received in the asylum, hospital, or house within three days after the date of a medical certificate that the lunatic is in a fit state to be removed.

[SEC. 21.]

1. Except in the cases mentioned in the Lunacy Act, 1885, and this Act, no person shall be allowed to remain in a workhouse as a

lunatic unless the medical officer of the workhouse certifies in writing—*a*, that such a person is a lunatic, with the grounds for the opinion; *b*, that he is a proper person to be allowed to remain in a workhouse as a lunatic; *c*, that the accommodation in the workhouse is sufficient for his proper care and treatment, separate from the inmates of the workhouse not lunatics, unless the medical officer certifies that the lunatic's condition is such that it is not necessary for the convenience of the lunatic or of the other inmates that he should be kept separate.

2. A certificate under this section shall be sufficient authority for detaining the lunatic therein named against his will in the workhouse for fourteen days from its date.

3. No lunatic shall be detained against his will or allowed to remain in a workhouse for more than fourteen days from the date of a certificate under this section without an order under the hand of a justice of the peace having jurisdiction in the place where the workhouse is situate.

4. The order in the last preceding sub-section mentioned may be made upon the application of a relieving officer of the union to which the workhouse belongs, supported by a medical certificate under the hand of a medical practitioner, not being an officer of the workhouse, and by the certificate under the hand of the medical officer of the workhouse hereinbefore mentioned.

5. The guardians of the union to which the workhouse belongs shall pay such reasonable remuneration as they think fit to the medical practitioner who, not being an officer of the workhouse, examines a person for the purpose of a certificate under this section.

6. If, in the case of a lunatic being in a workhouse, the medical officer thereof shall not sign such certificate as in this section mentioned, or if at or before the expiration of fourteen days from the date of the certificate an order is not made under the hand of a justice for the detention of the lunatic in the workhouse; or, if after such an order has been made, the lunatic shall cease to be a proper person to be detained in a workhouse the medical officer of the workhouse shall forthwith give notice in writing to a relieving officer of the union to which the workhouse belongs that a pauper in the workhouse is a lunatic and a proper person to be sent to an asylum, and thereupon the like proceedings shall be taken by the relieving officer and all other persons for the purpose of removing the lunatic to an asylum, and within the same time, as by the Lunatic Asylums Act, 1853, provided in the case of a pauper deemed to be a lunatic and a proper person to be sent to an asylum, and, pending such proceedings, the lunatic may be detained in the workhouse.

7. If the medical officer of a workhouse omits to give such notice to a relieving officer as by the last preceding sub-section provided, he shall for each day or part of a day after the first day, and before the notice is given during which the alleged lunatic remains in the workhouse, be liable to a penalty not exceeding ten pounds.

8. Every relieving officer who fails to perform the duty by this section imposed upon him shall for each offence be liable to a penalty not exceeding ten pounds.

9. The guardians of the union, to which a workhouse belongs, may direct that any lunatic detained therein be discharged or removed therefrom.

10. For the purposes of this section, an asylum provided for reception and relief of the insane under the Metropolitan Poor Act, 1867, shall be deemed to be a workhouse, and the managers of such asylum shall exercise the powers and perform the duties by this section conferred and imposed upon the guardians of the union to which a workhouse belongs, and notices to be given to and proceedings to be taken by a relieving officer shall, in the case of a lunatic in any such asylum, be given to and taken by one of the officers of the asylum to be nominated for the purpose by the managers of the asylum.

11. An order under Section 3 of the Lunacy Act, 1885, shall not authorise the detention of a lunatic after the expiration of fourteen days from its date, except under the conditions mentioned in this section.

12. As regards every pauper in a workhouse at the date of the commencement of this Act (May 1st, 1890) as to whom a certificate has been signed under Section 20 of the Lunacy Acts Amendment Act, 1862, no certificate or order of a justice under this section shall be required.

#### [SEC. 22.]

Where a pauper lunatic is discharged from an asylum, hospital, or licensed house, and the medical officer of the asylum, or the medical attendant of the hospital or house, is of opinion that the lunatic has not recovered, and is a proper person to be kept in a workhouse as a lunatic, the medical officer or medical attendant shall certify such opinion, and his certificate shall accompany the notice of discharge, and the lunatic may thereupon be received and detained against his will in a workhouse without further order if the medical officer of the workhouse certifies in writing that the accommodation in the workhouse is sufficient for the lunatic's proper care and treatment, separate from the inmates of the workhouse not lunatics, or that the lunatic's condition is such that it is not necessary for the convenience of the lunatic, or of the other inmates, that he should be kept separate.

# PHARMACOPŒIA.

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## COLLYRIA.

1. Alumenis	grains	4 to 1 ounce of water
2, „ Fort.	grains	20 „ „
3. Argent Nitrat.	grains	2 „ „
4. Zinc Sulph.	grains	2 „ „
5. Gutta Atroph.		
Neutral Sulphate of Atropia		2 grains
Glycerine		5 drops
Distilled Water		to 1 ounce

---

## GARGLES.

### GARGARISMA IODI.

Tincture of Iodine	4 drachms
Water	to 10 ounces

### GARG. ALUMENIS CO.

Dilute Sulphuric Acid	1 drachm
Alum	60 grains
Tincture of Capsicum	$\frac{1}{2}$ drachm
Glycerine	2 drachms
Water	to 8 ounces

### GARG. POTASS. PERMANG.

Condy's Fluid	2 drachms
Distilled Water	to 10 ounces

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## LINIMENTS.

### LINT. ALBUM.

Soft Soap	5 ounces
Strong Solution of Ammonia	3 ounces
Turpentine	2 ounces
Olive Oil	1 pint
Water	to 4 pints

Boil the Soap in a Saucepan, add the Olive Oil and Turpentine, and then the Water, and, when cold, the Solution of Ammonia.

## LINT. OPII.

Tincture of Opium	1 ounce
Soap Liniment	3 ounces

## LINT. SINAPIS.

Mustard	240 grains
Turpentine	$\frac{1}{2}$ pint

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 LOTIONS.

## LOTIO ALKALINA.

Bicarbonate of Soda	30 grains
Water	to $\frac{1}{2}$ pint

## LOTIO ACID. NITRIC.

Dilute Nitric Acid	80 minims
Water	to $\frac{1}{2}$ pint

## LOTIO ACID. CARBOLIC.

Liquid Carbolic Acid	1 $\frac{1}{2}$ drachms
Glycerine	2 drachms
Water	to $\frac{1}{2}$ pint

## LOTIO ALUMINIS.

## ,, ZINC. SULPH.

$\frac{1}{2}$  drachm of either to  $\frac{1}{2}$  pint of Water.

---

## MIXTURES.

Quantity of Ingredients to 10 ounces of Water.

Adult's dose,  $\frac{1}{2}$  oz., unless otherwise stated.

Rough calculation of dose for age, add 12 to the age and divide by the age.

## 1. MIST. MENTH. PIP. (M.M.P.)

Spirit of Peppermint	$\frac{1}{2}$ drachm
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## 2. MIST. FERRI. (M.F.)

Solution of Perchloride of Iron	4 drachms
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## 3. MIST. QUINIE. (M.Q.)

Sulphate of Quinine	10 grains
Dilute Sulphuric Acid	15 minims

## 4. MIST. TONIC. (M.T.)

Dilute Phosphoric Acid	200 minims
Solution of Perchloride of Iron	200 minims
Strychnine Solution	100 minims

4. CONCENTRATED j 5       $\frac{1}{2}$  oz.

	oz.	drs.	minims.
Dilute Phosphoric Acid	3	2	40
Solution of Perchloride of Iron	3	2	40
Strychnine Solution	1	5	20
Water		to one pint	

## 5. MIST. POTASS. RUBRA. (M.P.R.)

Iodide of Potassium	100 grains
Aromatic Spirits of Ammonia	3 drachms
Red Mixture	to 10 ounces

## 6. MIST. DYSPEPTICA. (M.D.)

Bicarbonate of Soda	200 grains
Tincture of Capsicum	1 drachm
Sulphate of Magnesia Mixture	to 10 ounces

## 7. MIST. SODÆ ANISI. (M.S.A.)

Bicarbonate of Soda	400 grains
Spirit of Aniseed	$\frac{1}{2}$ drachm

## 8. MIST. RHEI. c̄ SODÆ.

Bicarbonate of Soda	200 grains
Powdered Rhubarb	100 grains
Spirit of Peppermint	$\frac{1}{2}$ drachm

## MIST. ACID HYDROCL.

Dilute Hydrochloric Acid	5 drachms
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## MIST. ACID NIT-HYDROCL.

Dilute Nitro-Hydrochloric Acid	5 drachms
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## MIST. ACID HYDROCYAN. c̄ SODÆ.

Dilute Hydrocyanic Acid	1 drachm
Bicarbonate of Soda	400 grains
Spirit of Camphor	1 drachm

## MIST. AMMON. ACET.

Concentrated Solution of Acetato of Ammonia	(1 to 7) 10 drachms
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## MIST. AMMON. CARB.

Carbonate of Ammonia	100 grains
Spirit of Camphor	1 drachm

## MIST. COPAIB.

Balsam of Copaiba	6 drachms
Solution of Potash	6 drachms

Mix well, and add

Spirit of Peppermint	1 drachm
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## MIST. CHLOROF. CO. (M.C.)

Tincture of Opium	100 minims
Spirit of Chloroform	200 minims
Honey of Squills	10 drachms

## MIST. ASTRINGENS ACID.

Aromatic Sulphuric Acid	5 drachms
Compound Tincture Cardamoms	200 minims
Spirit of Chloroform	200 minims

## MIST. ASTRINGENS OP.

Ipecacuanha Wine	100 minims
Tincture of Opium	100 minims
Concentrated (1 to 7) Decoction of Logwood	2½ ounces

## MIST. DIURETIC.

Acetate of Potash	200 grains
Tincture of Squills	2½ drachms
Decoction of Broom	to 10 ounces

Dose : One Ounce.

## MIST. FERRI ACID.

Sulphate of Iron	30 grains
Dilute Sulphuric Acid	1 drachm
Sulphate of Magnesia	4 drachms

## MIST. EFFERVESCENS.

Citric Acid	20 grains
Water	1 ounce
with	
Mist. Potass. Carui	½ ounce

## MIST. FERRI &amp; ALOE.

Compound Iron Mixture	7½ ounces
Compound Decoction of Aloes	2½ ounces

Dose : One Ounce.

## MIST. FERRI CO.

Carbonate of Potash	1 drachm
Sulphate of Iron	50 grains
Tincture of Myrrh	1½ drachms
Glycerine	4 drachms
Spirit of Nutmeg	1 drachm

## MIST. FERRI ARSENICALIS.

Solution of Arsenic	1½ drachms
Iron Wine	2½ ounces
Glycerine	4 drachms

## MIST. GENT. ALK.

Bicarbonate of Soda	400 grains
Dilute Hydrocyanic Acid	1 drachm
Concentrated Compound Infusion of Gentian (1 to 7)	10 drachms

## MIST. GENT. ACID.

Dilute Hydrochloric Acid	3½ drachms
Dilute Hydrocyanic Acid	1 drachm
Concentrated Compound Infusion of Gentian (1 to 7)	10 drachms

## MIST. HYDRARG. IODID.

Perchloride of Mercury	2½ grains
Iodide of Potassium	45 grains
Tincture of Iodine	15 minims

## MIST. MAGNES. SULPH. (M.M.S.)

Sulphate of Magnesia	10 drachms
Spirit of Peppermint	½ drachm

## MIST. POTASS. CARUL.

Bicarbonate of Potash	3½ drachms
Spirit of Caraway	½ drachm

## MIST. RUBRA.

Burnt Sugar	1 drachm
-------------	----------

## MIST. SALINA (M.S.)

Tincture Hyoseyamus	4 drachms
Sweet Spirit of Nitre	4 drachms
Sulphate of Magnesia Mixture	to 10 ounces

## FOR CHILDREN.

## MIST. ALUMENIS CO.

Alum	1½ drachms
Compound Tincture Camphor	4 drachms
Ipecacuanha Wine	3 drachms
Camphor Water	3 ounces
Distilled Water	3 ounces

Dose : One Teaspoonful.

## MIST. CARMINATIVA.

Carbonate of Magnesia	1 drachm
Tincture of Rhubarb	½ ounce
Syrup of Poppies	½ ounce
Spirit of Aniseed	½ drachm
Water	to ½ pint

Dose : One to two Teaspoonfuls.

## MIST. CATECHU AROMAT.

Aromatic Chalk Powder	20 grains
Infusion of Catechu	1½ ounces

Dose : One to two Teaspoonfuls.

## MIST. MAGNES. SULPH. c̄ RHEO.

Tincture of Rhubarb	2 drachms
Water	2 drachms
Sulphate of Magnesia Mixture	1 ounce

Dose : One to two Teaspoonfuls.

## MIST. SALINA c̄ IPECAC.

Ipecacuanha Wine	40 minims
Antimonial Wine	30 minims
Solution of Citrate of Ammonia	to 2 ounces

Dose : One Teaspoonful.

## PILLS AND POWDERS.

## PIL. HYDRARG. CO.

Mercurial Pill	120 grains	} for
Powdered Opium	4 grains	
		40 Pills

## PULV. HYDRARG. c̄ IPECAC. CO.

Mercury with Chalk	1 grain
Dover's Powder	½ grain
Bicarbonate of Soda	1 grain

## VARIOUS.

## AQUÆ MEDIATÆ.

Spirit of——— (= Oil 6 minims)	1 drachm
Water	to 1 pint

## EXCIPIENT FOR PILLS.

Compound Powdered Tragacanth	2 drachms
Glycerine	6 drachms

## CONFECT. SULPH.

Sublimed Sulphur	1 ounce
Bitartrate of Potash	$\frac{1}{2}$ ounce
Treacle	3 ounces

Dose: One Teaspoonful.

## ENEMA COMMUNE.

Common Salt	1 ounce
Barley Water	12 ounces

## ENEMA CATHART.

Sulphate of Magnesia	1 ounce
Olive Oil	2 ounces
Barley Water	to 1 pint

## HAUST. ANODYNE.

Nepenthe	20 to 30 minims
Water	to 1 ounce

## HAUST. PURGANS.

Sulphate of Magnesia	3 drachms
Infusion of Senna	$1\frac{1}{2}$ ounces

## LINCT. OPIAT. (L.O.)

Tincture of Opium	5 drachms
Dilute Sulphuric Acid	10 drachms
Syrup	to 1 pint

Dose: One Teaspoonful Occasionally.

## SYRUP.

Treacle	2 pounds
Boiling Water	1 pint

## SYR. PAPAV.

Tincture of Opium	16 minims
Syrup	to 1 ounce

## UNG. SULPH. Co.

Sublimed Sulphur	2 ounces
Ammonio-Chloride of Mercury	5 drachms
Creasote	2 drachms
Olive Oil	8 ounces
Lard	2½ pounds

## LOTIO CALCH SULPHURATI.

Slaked Lime	4 ounces
Sublimed Sulphur	4 ounces
Distilled Water	35 ounces

Boll together, evaporate, and filter, to produce one pint of Solution. Dilute with an equal quantity of warm water for painting over a patient with Itch, who ought previously to have a warm bath. Is said to cure it in half-an-hour. (*Martindale's Extra Pharmacopæia.*)

TABLE FOR CONCENTRATED SOLUTIONS.

Ingredient	Capacity of ottle	Quantity of Ingredient	Strength of Solution
Amm. Carb. . . . .			10 grs. to 5j
Amm. Chlorid. . . .			15 grs. to 5j
Calc. Chlorid. . . .			10 grs. to 5j
Chloral. Hydrat. . .			gr. j to m j *
Magnes. Sulph. . . .			30 grs. to 5j
Potass. Bicarb. . . .			5 grs. to 5j
Potass. Bromid. . . .			20 grs. to 5j
Potass. Chlorat. . . .			5 grs. to 5j
Potass. Iodid. . . . .			(hot water)
Quin. Sulph. . . . .			10 grs. to 5j
Sodæ Bicarb. . . . .			1 gr. to 5j
			5 grs. to 5j

\* 3 ozs. of Chloral dissolved in 1 oz. Water makes in bulk 2 fl. ozs. 5½ drachms: add 23 minims of Water and you have the solution given.

## FEMALE VENEREAL CASES.

*Treatment No. 1.*—Wash out the parts three times a day, or oftener, with warm lotion (Condy's Fluid, one teaspoonful to one pint of water) ; use a Higginson's syringe on all occasions. Keep the patient in bed.

*Treatment No. 2.*—A warm hip bath twice a day, and the parts to be syringed whilst in the bath. Keep the patient in bed.

*Treatment No. 3.*—Wash the sores twice daily with luke-warm water and a linen rag, then dry them carefully by simply daubing them gently with dry soft rag, then sprinkle the *yellow powder* over each sore, afterwards covering with a piece of lint or cotton wool. In washing the sore use but little water, a moist rag being all that is required in most cases. Keep the patient in bed.

*Treatment No. 4.*—Take a thin layer of absorbent cotton wool two inches square, sprinkle 20 to 40 grains of the powder on it, fold it in, tie twice crosswise with thread and leave the thread 12 inches long. Dip in glycerine, introduce into vagina through speculum and withdraw the speculum. Use the syringe with warm water twice a day. On the third day remove the plug and introduce a fresh one of the same kind. The patient need not be kept in bed.

(These directions are given to the Nurse, and the treatment indicated on the prescription card by the number.)



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